# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007128

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1089

FILED MAR 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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23138
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 20 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 912 Locust
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas city
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 912 Locust
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HAROLD Middle F. Last WEBB

4. DATE OF DEATH: Month 2 Day 16 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 2-12-1892

9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Sigourney, Iowa

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Benjamin Webb

13b. MOTHER'S MAIDEN NAME: Elizabeth Malone

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of servi WW #1

16. SOCIAL SECURITY NO.

17. INFORMANT: Dorothy Weidlein Address: RFD Pleasant Valley Sigourney, Iowa

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriasclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ___
DUE TO (c) ___
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Medical Dietary Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ___ to ___ and last saw her him alive on ___
Death occurred at ___ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh H. Owens Coroner

22b. ADDRESS: 152 Ansley Platte

22c. DATE SIGNED: 2-1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-21-63

23c. NAME OF CEMETERY OR CREMATORY: National Cem.

23d. LOCATION (City, town, or county) (State): Ft. Leavenworth, Kans

24. FUNERAL DIRECTOR ADDRESS: Lawentis Bros KC Mo.

25. DATE RECD. BY LOCAL REG.: 2-18-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed L. C. Passantino

Licensed Embalmer No. 4554

P. O. Address KC, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.